

Condominium Association of Golf Villas, Inc.

C/O Watson Association Management, LLC.

1648 SE Port St Lucie Blvd

Port St Lucie, FL 34952

NEW OWNER INFORMATION SHEET

In order to keep our records updated we are asking that you provide us with the current information.

OWNER(S) NAME: _____ Closing Date: _____

PROPERTY ADDRESS: _____

TENANT NAME (if any): _____

Lease start date: _____ Lease end date: _____

AWAY ADDRESS: _____

CURRENT MAILING ADDRESS: PROPERTY ADDRESS AWAY ADDRESS

LOCAL PHONE NUMBER: _____ AWAY PHONE NUMBER: _____

EMAIL AUTHORIZATION

New Florida Statutes state it is against the law to send mass emails to owners without their written consent. By completing, signing, and returning this form, you are authorizing the Board of Directors of the Condominium Association of Golf Villas and Watson Association Management to send you information of the Association meetings, reports on actions taken by the Board at those meetings, violations, updates and/or special information.

Your email address will not be used for any other purpose than those listed in the previous sentence.

We want to keep you better informed about the developments and issues regarding your investment as an owner in the Golf Villas.

Yes

I authorize Golf Villas and Watson Association Management to email me appropriate meeting notices, agendas, reports, violation letters and other information.

Email Address: _____
(PRINT)

Signature(s): _____

Printed Name(s): _____

No

I do not want to receive emails from Golf Villas and Watson Association Management.